

FILE NOW: FILING FEE AFTER MAY 1 IS \$75.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

DOCUMENT # 746280

(7)

95 MAY -1 AM 9:15

1. Corporation Name

GLORIA MUSICAE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

104 SO PINEAPPLE AVE
SARASOTA FL 34236
US

PO BOX 3863
SARASOTA FL 34236-8503
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/16/1979

3a. Date of Last Report
03/30/1994

4. FEI Number
59-1913814

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

22 Suite, Apt. # etc

27 Suite, Apt. #, etc

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

23 City & State

28 City & State

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

**\$68.75 Supplemental
Fee Not Required**

24 Zip Country

29 Zip Country

8. This corporation has liability for nonpayment for under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEET, CAROLYN
924 S. CONRAD
SARASOTA FL 34237**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

CAROLYN H. PEET, TREASURER

Carolyn H. Peet

April 29, 1995

Signature (typed or printed name of registered agent and title) (Type name)

(Print) Registered Agent signature (typed name and title)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **SD**
NAME: **PEET, CAROLYN**
STREET ADDRESS: **924 S. CONRAD**
CITY, ST, ZIP: **SARASOTA FL**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY, ST, ZIP

Treasurer Change Addition

TITLE: **D**
NAME: **CLAYBACK, TOM**
STREET ADDRESS: **2415 ARBORETUM CIR**
CITY, ST, ZIP: **SARASOTA FL**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY, ST, ZIP

Director Change Addition

**John Yost
2923 Tanglewood Way
Sarasota, FL 34239**

TITLE: **TD**
NAME: **NASH, KATHERINE**
STREET ADDRESS: **1535 2ND ST.**
CITY, ST, ZIP: **SARASOTA, FL 00000**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY, ST, ZIP

Secretary Change Addition

TITLE: **VD**
NAME: **GREENE, PAUL**
STREET ADDRESS: **2124 ALPINE AVE**
CITY, ST, ZIP: **SARASOTA FL**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY, ST, ZIP

President Change Addition

**2936 Pinecrest Way
Sarasota, FL 34219**

TITLE: **PD**
NAME: **FILSON, SUSAN**
STREET ADDRESS: **2727 S TAMAMI TR, STE 3**
CITY, ST, ZIP: **SARASOTA FL**

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY, ST, ZIP

Director Change Addition

**Yelena Gershfeld
8461 Gardens Cr. Apt. 10
Sarasota, FL 34243**

TITLE: **D**
NAME: **MURPHY, FAY**
STREET ADDRESS: **823 OAK DR.**
CITY, ST, ZIP: **BRADENTON FL**

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY, ST, ZIP

Vice President Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

CAROLYN H. PEET

Carolyn H. Peet

4/29/95

813-371-0811 x5240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Type Name)